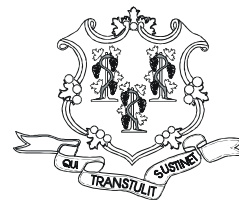


FORM NAA-02
2000 Connecticut Neighborhood Assistance Act
Business Application



Each business firm requesting a tax credit under the Neighborhood Assistance Act Program must complete and submit this form. A separate **Form NAA-02** is required for each cash contribution for which credit is being requested. **Form NAA-02** must be mailed or hand-delivered to the **Department of Revenue Services, 25 Sigourney Street, Hartford, CT 06106, Attn: Research Unit**, on or after **September 15, 2000**, but no later than **October 2, 2000**. A faxed **Form NAA-02** will **not** be accepted. For additional information, contact the Research Unit at 860-297-5687.

PART I: BUSINESS FIRM INFORMATION

Business firm name: _____

Address: _____

Federal Employer Identification Number: _____

Connecticut Tax Registration Number: _____

Income year ending: _____

Contact person: _____

Title: _____

Phone number: _____

PART II: PROGRAM PROPOSAL INFORMATION

Organization/Municipal agency: _____

Program title: _____

Municipality approving program: _____

Amount of cash contribution: \$ _____ % Credit: _____

(\$250 minimum)

Has this contribution been made? If yes, date made: _____

If no, date to be made: _____

(NOTE: Contribution must be made during the income year of the business beginning during 2000.)

Signature of Authorized Representative
(Do Not Use Black Ink)

Name and Title of Authorized Representative
(Please Print)

Date